

**FILED**

04 OCT -6 AM 10: 21

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 2 - 16 - 04 to 10 - 17 - 04  
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <b>137524</b></p> <p>2. Committee Name <b>ELECT MICHAEL BARBER</b></p>	<p>4. Candidate Last Name <b>BARBER</b></p> <p>First Name <b>MICHAEL</b></p> <p>M.I. <b>M</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>MACOMB PUBLIC WORKS COMMISSIONER</b></p> <p>4b. County of Residence <b>MACOMB</b></p>
<p>5. Committee's Mailing Address <b>33079 GARFIELD FRASER MI 48026</b></p> <p>Area Code and Phone <b>586-777-5298</b></p> <p><small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small></p>	<p>6. Treasurer's Name &amp; Residential Address <b>MICHAEL BARBER 2821 LARCHMONT ST. CLAIR SHORES MI 48081</b></p> <p>Area Code &amp; Phone <b>(586) 777-5298</b></p>
<p>7. Treasurer's Business Address <b>33079 GARFIELD FRASER MI 48026</b></p> <p>Area Code and Phone <b>(313) 980-3771</b></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ( )</p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election      OR      9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Primary</div><div><input checked="" type="checkbox"/> General</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Convention</div><div><input type="checkbox"/> School</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Special</div><div><input type="checkbox"/> Caucus</div></div> <p>Date of Election, Convention or Caucus</p> <div style="display: flex; justify-content: space-around; width: 100%;"><div><b>11</b> Month</div><div><b>2</b> Day</div><div><b>04</b> Year</div></div>	
<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p style="text-align: right;">Effective Date of Dissolution</p> <div style="text-align: right; margin-right: 50px;">_____ Month      Day      Year</div> <p><small>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</small></p> <p><small>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small></p>	
<p><small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small></p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 45%;"><p>Current Treasurer or Designated Record keeper <b>MICHAEL BARBER</b></p><p style="text-align: center;"><small>Type or Print Name</small></p></div><div style="width: 30%; text-align: center;"><p><b><i>Michael Barber</i></b></p><p style="text-align: center;"><small>Signature</small></p></div><div style="width: 20%; text-align: center;"><p>Date <b>10 7 04</b></p><p style="text-align: center;"><small>Mo Day Year</small></p></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 45%;"><p>Candidate <b>MICHAEL BARBER</b></p><p style="text-align: center;"><small>Type or Print Name</small></p></div><div style="width: 30%; text-align: center;"><p><b><i>Michael Barber</i></b></p><p style="text-align: center;"><small>Signature</small></p></div><div style="width: 20%; text-align: center;"><p>Date <b>10 7 04</b></p><p style="text-align: center;"><small>Mo Day Year</small></p></div></div>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137524

2. Committee Name ELECT MICHAEL BARBER

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2100<sup>00</sup></u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$ <u>2100<sup>00</sup></u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>573<sup>00</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)			
(9.) \$			
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
(11.) \$			
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>-0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2100<sup>00</sup></u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2100<sup>00</sup></u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>573<sup>00</sup></u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1526<sup>40</sup></u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137524  
2. Committee Name ELECT MICHAEL BARBER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-10-04</u> Name: <u>MICHAEL BARBER</u> Address: <u>2821 LAROMONT, ST. CLAIR SHORES MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MECHANICAL SUPPLY</u> Employer <u>CITY OF DETROIT</u> Business Address <u>409 CAYMO, DETROIT MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		900 <sup>00</sup>	900 <sup>00</sup>
<p>3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8-10-04</u> Name: <u>LOCAL 169 PAC</u> Address: <u>5936 CHASE, DEARBORN MI 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		500 <sup>00</sup>	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-04</u> Name: <u>RON JOHNSON</u> Address: <u>4334 YALE CT, BIRMINGHAM MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DETROIT BOILER</u> Business Address <u>2931 BEAUFAIT, DETROIT MI 48207</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		350 <sup>00</sup>	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-17-04</u> Name: <u>CHRIS LANZON</u> Address: <u>37741 HURON RD, HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DETROIT BOILER</u> Business Address <u>2931 BEAUFAIT, DETROIT MI 48207</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		350 <sup>00</sup>	
Page Subtotal		2100 <sup>00</sup>	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		2100 <sup>00</sup>	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137524

2. Committee Name ELECT MICHAEL BARBER

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MAJIK GRAPHICS INC</u> Address <u>19751 15 MILE RD</u> <u>CLINTON TWP MI 48305</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BUMPER STICKERS</u> <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/04</u>	<u>248.00</u>
Expenditure #2 Name <u>PRINT PLUS GRAPHICS INC</u> Address <u>33099 GARFIELD</u> <u>FRASER MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VARIO SIGNS (DEPOSIT)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/04</u>	<u>325.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>573.00</u> <u>573.00</u>

Enter this total  
on line 8a of  
Summary Page